

CITY OF LEESBURG CUSTOMER SERVICE DIVISION

P O Box 490630, Leesburg FL 34749-0630

Phone: (352)728-9800 Fax: (352)326-6623

Website: www.leesburgflorida.gov

- Instructions:
1. Provide all of the information requested below
 2. Sign the application
 3. Attach a voided check from the U. S. Financial Institution for the account to be used.

Name: _____

Service Address: _____

City, State, Zip: _____ Phone #: _____

Driver License # _____

SS# _____ Date of Birth: _____

UtilityAccount # (If applicable to more than one City of Leesburg utility account, please list each account): _____

Name of Financial Institution: _____

ACH Routing Number: _____

Bank Account Number: _____

Check One: New Application _____
 Terminate E-Z Pay _____

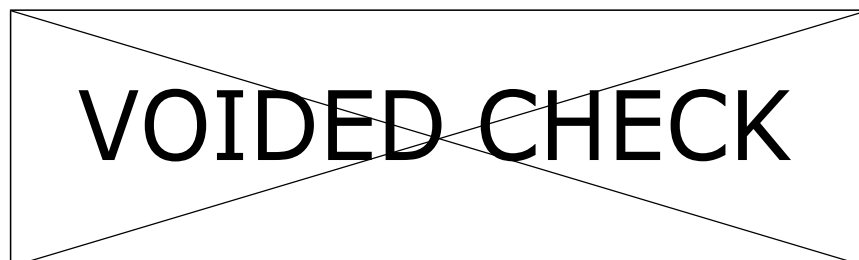
Change Banks _____
Change Account # _____
(SameBank)

*****Auto pay in lieu of Deposit*****

Exemption from the deposit requirements will be granted for those Customers who enroll in auto pay for twelve (12) months with no change to or withdrawal from original auto pay account at the time of utility account set up. After the first auto pay return/non-payment or closed account or Customer request to cancel an auto pay payment for any reason within the 12 month period, the deposit will be billed in one installment at 2 times the average monthly bill of the service address. Deposits may range from \$600 to \$1000.00. _____ (Initial here)

I authorize the City of Leesburg to initiate monthly debit and/or credit entries to my bank account at the US financial institution named above. I agree to allow the City of Leesburg to debit said account for the use of utility services. I understand that this authorization will be in effect until I notify the City of Leesburg in writing that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that the City of Leesburg may impose a processing fee in the event the debit entry is not paid by my financial institution. The City of Leesburg reserves the right to cancel this agreement after giving thirty (30) days notification.

Important: To activate E-Z Pay for your account(s), you must also provide a voided check. If you are authorizing payment from a savings account, please contact your financial institution for the appropriate routing transit and bank account number to be listed on this form.



Signature _____

Date _____

CITY OF LEESBURG SOCIAL SECURITY NUMBER COLLECTION POLICY
PO BOX 490630, LEESBURG, FL 34749-0630
PHONE: (352)728-9800 FAX: 352-326-6623 TOLL FREE (888)217-9185

Printed: 10/13/2010

Florida Statute 119.071(5) provides that a "commercial entity" engaged in performance of a "commercial activity" may access Social Security numbers through a public records request under specified conditions. The statute provides definitions of "commercial entity" and "commercial activity" and provides a list of requirements the "commercial entity" must meet in order to access Social Security numbers.

The City of Leesburg, Florida is required to have a written Social Security Number Collection Policy. This policy must be provided to an individual when the City of Leesburg collects that individual's Social Security number.

Social Security numbers collected by an agency may not be used by the agency for any purpose other than the purpose provided in the written statement.

All public records requests for Social Security numbers must be referred to the City Clerk.

The City of Leesburg, Florida collects your Social Security number for any of the following purposes:

- (1) Classification of accounts, Identification and Verification, Creditworthiness, Billing and Payments, Data collection, Reconciliation, Tracking benefit processing, Tax reporting;
- (2) To facilitate collection of debts on past due accounts including utility accounts;
- (3) To conduct credit checks on potential utility customers;
- (4) To verify identity;
- (5) To render IRS Form 1099 to persons for whom Federal law requires the City to issue that form;
- (6) To conduct background checks on possible vendors, employees, or independent contractors;
- (7) To complete fingerprint cards as necessary;
- (8) For arrest warrants or affidavits;
- (9) For issuance of taxi or peddler/solicitor permits;
- (10) For checks and confirmations of warrants;
- (11) For suspect reports;
- (12) For credit counseling;
- (13) For mortgage applications
- (14) For SHIP applications for down payment assistance through Lake County;
- (15) For the following purposes related to Human Resources Department:
 - a. Applicant Tracking
 - b. Child Support Enforcement
 - c. Internal Revenue Service Levies
 - d. Savings Bonds
 - e. Insurance Coverage
 - f. Payroll Deductions
 - g. Employee Evaluations
 - h. Pension and Benefits
 - i. Workers Compensation
 - j. Verification of Employment
 - k. ICMA (International City Manager Association) Pension or Benefit Payments
 - l. Unemployment Taxes and Quarterly Reports
 - m. Collection and Remittance of Taxes
 - n. Personnel Identification
 - o. Computer Purchase Agreements
 - p. Family Medical Leave Act Paperwork
 - q. General Personnel Matters

Social Security numbers are also used as a unique numeric identifier and may be used for search purposes. Social Security numbers will not be disseminated to the public except as provided by applicable State of Florida and Federal law as now in effect or as hereafter amended. Each person receiving the Social Security Number Collection Policy must sign a statement that they received this policy.

Adopted May 6, 2015

AUTO PAY APPLICATION